Wisconsin Coalition Capacity Assessment Summary

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Christy Niemuth, B.S.
D. Paul Moberg, Ph.D.
Robin Lecoanet, J.D.
Sarah Linnan, B.S.

5901 Research Park Blvd.
Madison, WI 53791
608-263-5020

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1.   Overview

1.1   Executive Summary

In February, 2009, 137 Wisconsin coalition members were asked to complete a 17 item online Statewide Coalition Capacity Assessment Survey. During the three week data collection period, coalition members representing 64 coalitions from all five regions of the state responded, for a response rate of 47%. Twelve of these coalitions were Drug Free Community (DFC) grantees. Respondent coalitions served all or part of 42 of the 72 counties in the state. The final sample included 13 coalitions with a target population of more than 100,000 people and 10 coalitions with a target population of less than 5,000 people.

The Statewide Coalition Capacity Assessment collected data on:
- Respondent information,
- Six Capacity Indicators, including:
  - Coalition participation;
  - Coalition activities;
  - Use of data;
  - Evaluation activities;
  - Experience with environmental strategies; and
  - Readiness to implement the seven Strategic Prevention Framework State Incentive Grant (SPF SIG) steps,
- Barriers to program implementation, and
- Additional resources/training needs.

Most regions reported high coalition participation from all 14 community sectors, which include school personnel, youth-serving organizations, health care professionals, government agency representatives and law enforcement personnel. Community sectors that had the lowest participation and recruitment in all regions were emergency medical response personnel and judicial personnel.

Over half of respondent coalitions had participated in at least one of seven different activities aimed at changing community norms around substance abuse prevention. Some of these activities included collecting and organizing data, conducting needs assessments and planning and/or implementing prevention interventions/strategies. The number of these activities conducted by coalitions that reported having an active strategic plan was significantly higher than those that did not have an active strategic plan. Less than half of respondent coalitions reported undertaking "setting substance abuse policy" as an activity.

The most common evaluation activity coalitions reported participating in was data collection and coalitions primarily used student survey data. Respondents had less experience with data analysis, entering data, writing evaluation reports, or using data as part of a continuing improvement process. Most coalitions had experience implementing at least one environmental strategy such as social access, retail access, or policy change. However, the implementation of pricing strategies was not commonly used.

All DFC grantees and 18 of the 20 coalitions with an active strategic plan reported high levels of readiness to follow the seven SPF SIG steps. These coalitions also showed higher overall coalition capacity based on the other five capacity indicators. Sustainability was the SPF SIG area that the most coalitions either did not know about or were not ready to implement.

Coalitions reported that the largest barriers to developing and implementing substance abuse prevention practices were funding, denial and apathy of the community toward AODA problems, and the lack of community awareness and understanding of the seriousness of AODA problems.

Coalitions strongly identified the need for additional resources in the following four areas: 1) statewide policy development, advocacy and education of policy makers; 2) statewide media campaign (message development, press releases, social marketing, etc.); 3) fundraising; and 4) statewide training and technical assistance for alcohol/drug policy.

Based on findings from the Statewide Coalition Capacity Assessment, several recommendations for capacity building are proposed. Training recommendations include:
- Regional trainings to accommodate vast population differences across the state.
- Coalition recruitment education focusing on increasing participation from community sectors that currently show no or occasional coalition participation.
- Training and lessons-learned testimonials on developing a strategic plan
- Best practices for setting substance abuse policy at the local level and strategies for advocating for policy change at the state level.
- Techniques for accessing existing data and education on how to use data as part of a continuing coalition improvement process including communication of data findings to key stakeholders and policy makers.
- Information and success stories on environmental strategies that have been proven effective in Wisconsin, particularly those strategies that work to affect community norms and raise awareness towards community AODA consequences.
- Assistance with local policy and media campaign development.

1.2   Background

In October 2006, the State of Wisconsin received a Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). The University of Wisconsin Population Health Institute (UWPHI) serves as the evaluator for the WI SPF SIG. The State of Wisconsin will begin awarding SPF SIG funds to community coalitions in May 2009. In preparation for these awards, UWPHI, in collaboration with the Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS), Bureau of Prevention Treatment and Recovery (BPTR), administered the Coalition Capacity Assessment Survey. The survey was sent to 137 coalitions throughout the State of Wisconsin.

1.3   Methodology

Instrumentation and Data Collection
The Coalition Capacity Assessment is a 17-item online survey. The instrument covers six areas of interest to the State of Wisconsin. The topics covered in the survey are:
- Respondent information
- Coalition membership
- Coalition activities
- Barriers to prevention strategy implementation
- Coalition readiness to implement the SPF SIG steps
- Need for additional resources/trainings

The BPTR State Prevention Coordinator sent coalitions a letter via email on February 4, 2009 introducing the survey and requesting participation. Data collection for the Coalition Capacity Assessment began on

February 5, 2009 and ended February 27, 2009. The survey was designed using the University of Wisconsin's Web Survey application. Potential respondents were emailed a link to the survey and asked to complete it within a week of receipt. A reminder email was sent to all potential respondents who had not yet completed the survey one and two weeks following the initial request. Twenty-one potential respondents, who did not have a working email address on file, were mailed hardcopies of the survey. Of the 137 potential respondents, 64 completed the survey during the three week period, for a 47% response rate. It took an average of 12 minutes for participants to complete the online survey.

Sample of Potential Respondents
BPTR provided UWPHI with a contact list for Alliance for Wisconsin Youth (AWY) coalitions. The AWY consists of 126 coalitions representing 70 of the 72 counties in Wisconsin. Contact information for 32 Drug Free Community (DFC) grantees was also provided. Twenty-one DFC coalitions belong to AWY, leaving a total sample size of 137 potential respondents. Sixty-four coalitions responded to the survey, 12 of which were DFC grantees. Fifty-seven coalitions completed the survey online and seven returned hardcopies. Respondents included coalition members from urban, rural and tribal coalitions and each of the five regions in the state. Respondents represented coalitions that serve a few hundred people to those that serve more than 100,000 people.

Data Analysis
Data from respondents who returned a hardcopy of the survey were entered into UW Web Survey. The data were exported from the online survey application into SPSS for analysis. Data were analyzed for frequencies of responses and when appropriate, mean responses. Percents are valid percents and do not include missing data. When appropriate, tables are organized from the highest to lowest frequency of "positive" responses. Several questions allowed respondents to "check all that apply".

Responses to open ended questions were analyzed for themes. If three or more respondents provided common responses, they were coded and included in the tables. Unique comments are included in the text to further illustrate the opinions of respondents.

2.   Results

2.1   Respondent Information

The format for this section includes the survey question from the Statewide Coalition Capacity Assessment Survey, followed by a brief description of the results with results tables following the description. When appropriate, the total number of valid responses ("N") per question is included above the table.

Q2 – Which County/Tribe does your coalition serve?

This question addressed the statewide distribution of respondents. These responses were coded by county and grouped into regions. The five Wisconsin regions are:

Table 1: Wisconsin Regional Information

Region	# asked to complete survey	# of AWY coalitions	# of DFC Grantees	# of Participating Counties	Approx. Regional Population
Northern	27	24	5	15	498,000
Northeastern	35	31	7	16	1,221,000
Southern	24	24	10	13	1,077,000
Southeastern	26	22	7	8	2,078,000
Western	25	25	3	18	767,000
Total	137	126	32	70	5,641,000

Six respondents reported serving more than one county or tribal group, none of which served in more than one region. Of the 70 Wisconsin counties with substance abuse prevention coalitions 42 (60%) were represented in our survey sample. In addition, two of Wisconsin's 11 sovereign tribal nations were specifically identified as being a part of the coalition's service area. The Northeastern region had the most respondents (17), however the Southern region on the highest response rate (54%).

Table 2: Respondent's coalition service area by region
N=64

Region	Possible Responses	Actual Responses	Percentage of sample	Response Rate
Northern	27	11	17%	41%
Northeastern	35	17	27%	49%
Southern	24	13	20%	54%
Southeastern	26	12	19%	46%
Western	25	11	17%	44%
TOTAL	137	64	100%	47%

Q3 – What is the approximate size of your coalition's target population?

This question addressed the target populations served by the respondents. Seventy-five percent of respondent's coalitions served a population greater than 10,000 people. Of those, 42% served between 10,001 and 50,000 people. Regionally, coalitions of the Southeastern region, which includes Milwaukee County, reported the largest target populations and coalitions of the Northern region, whose total population is one fourth the size of the Southeastern region, reported the smallest target populations.

Table 3: Size of respondent's target population
N=60

Size	N	Percent
0 – 1,000	1	2
1,001 – 5,000	9	15
5,001 – 10,000	5	8
10,001 – 50,000	19	32
50,001 – 100,00	13	22
Greater than 100,000	13	22

Table 4: Size of respondent's target population by region
N=60

Region	Target Population			
	Less than 10,000	10,001 – 50,000	50,001 – 100,000	Greater than 100,000
Northern	40%	50%	10%	0%
Northeastern	25%	25%	19%	31%
Southern	33%	33%	25%	8%
Southeastern	8%	17%	25%	50%
Western	20%	40%	30%	10%

2.2   Coalition Membership

Q4 – Note which of the following community sectors the members of your local coalition represent by marking their individual level of participation.

This question addressed the level of participation of respondent's coalition members. Respondents were asked to classify member participation from "Not Invited to Participate" to "Participates Regularly" for 13 different community sectors and an "other agencies" category. Respondents reported the highest level of coalition participation from school personnel: 91% of respondents reported having members that "Participate Regularly" from this sector. Other sectors with high levels of participation included youth-serving organizations (82% participate regularly) and health care professionals, including mental health and substance abuse workers (75% participate regularly). The community sector that was least often invited to participate was emergency medical response personnel: 52% of respondents reported not inviting this sector to participate in their coalition and only 8% of respondents had coalition members that participate regularly from this sector.

Table 5: Community sectors with representation on respondent's coalition

Community Sector	Not Invited to Participate	Invited, but does not Participate	Participates Occasionally	Participates Regularly
School	3% (N=2)	0% (N=0)	6% (N=4)	91% (N=58)
Youth-Serving Organizations	2% (N=1)	0% (N=0)	16% (N=10)	82% (N=51)
Healthcare professionals, including mental health & substance abuse	5% (N=3)	5% (N=3)	16% (N=10)	75% (N=47)
State, local, and/or tribal government agencies	10% (N=6)	10% (N=6)	21% (N=13)	60% (N=38)
Law enforcement	2% (N=1)	11% (N=7)	30% (N=19)	57% (N=36)
Other agencies involved in reducing substance abuse	7% (N=4)	3% (N=2)	36% (N=22)	54% (N=33)
Civic and volunteer groups	14% (N=9)	3% (N=2)	33% (N=21)	49% (N=31)
Parents	3% (N=2)	14% (N=9)	40% (N=25)	43% (N=27)
Business community	9% (N=6)	17% (N=11)	38% (N=24)	36% (N=23)

Community Sector	Not Invited to Participate	Invited, but does not Participate	Participates Occasionally	Participates Regularly
Youth	8% (N=5)	9% (N=6)	52% (N=33)	31% (N=20)
Religious or fraternal organizations	13% (N=8)	21% (N=13)	41% (N=25)	25% (N=15)
Media	11% (N=7)	14% (N=9)	52% (N=33)	22% (N=14)
Judicial personnel, such as D.A.s and judges	27% (N=17)	18% (N=11)	44% (N=28)	11% (N=7)
Emergency medical response personnel, such as EMTs & ER staff	52% (N=33)	11% (N=7)	29% (N=18)	8% (N=5)

Data were analyzed and grouped based on the level of reported coalition participation for the 14 community sectors. Responses were given a "high participation" ranking if the average participation for all 14 community sectors was "participates occasionally" or "participates regularly". Ninety-one percent of respondents from the Western region reported having high levels of community participation in their coalition. Only 42% of respondents from the Southeastern region reported having high levels of community sector participation on their coalitions.

Table 6: Level of coalition participation by region

Region	Low Participation	High Participation
Western	9% (N=1)	91% (N=10)
Northeastern	24% (N=4)	77% (N=13)
Northern	36% (N=4)	64% (N=7)
Southern	39% (N=5)	62% (N=8)
Southeastern	58% (N=7)	42% (N=5)

2.3 Coalition Activities

Q5 – Does your community coalition conduct the following activities in order to change community capacity, norms and behaviors related to substance abuse prevention and program implementation?

Respondents were asked about eight activities related to substance abuse prevention and program implementation. Respondents were given the option to select "Don't know" for each activity. These responses were treated as missing and excluded from analysis. In an effort to change community capacity, norms and behaviors related to substance abuse prevention, coalitions reported high rates of planning and/or implementing prevention interventions (92%), collecting and organizing data (89%), conducting needs assessments (86%) and ensuring prevention interventions address issues related to cultural competence (83%). Less than half (40%) of coalitions reported setting substance abuse policy at the organizational, local, state or tribal level. Forty-nine coalitions (78%) reported doing five or more of

the eight activities, and 18 (29%) reported participating in all eight activities. Only two coalitions (3%) reported not participating in any of the activities.

Table 7: Community coalition activities

Activity	Percent "Yes"
Plan and/or implement prevention interventions/strategies	92
Collect and organize data	89
Conduct needs assessments	86
Ensure prevention interventions/strategies address issues related to cultural competence	83
Educate others about needed changes in substance abuse policy at the organizational, local, or state/tribal/jurisdictional level	79
Plan and/or implement process evaluations of prevention interventions/strategies	78
Train community members in substance abuse prevention	65
Set substance abuse policy at the organizational, local, state or tribal level	40

Q6 – Indicate the types of data your coalition has used.

This question addressed respondent coalition's use of 11 different types of data plus an "other" category which asked respondents to specify what other data they had used. Respondents were asked to select all options that applied. All respondents reported using some sort of data in their coalition work. Forty-five coalitions (72%) reported using six or more data sources and five coalitions (8%) had used all 11 data sources. While 94% of coalitions reported using student survey data, only 30% used school achievement data. Other data specified included:
- Emergency room admittance data related to ATOD - 2 respondents
- Studies done on behalf of DARE (Drug Abuse Resistance Education) – 1 respondent

Table 8: Data used by coalition respondents

Data	Percent "Yes"
Student survey data	94
Community surveys	79
Public health statistics (i.e., mortality rates due to drug overdose)	79
Law enforcement data (i.e., drug arrests or drug trafficking)	78
Public meetings or forums	78
Public safety data (i.e., number of automobile accidents caused by drinking and driving)	62
Social norms data	60
Interviews and/or focus groups	59
Census data	54
Department of Justice data (i.e., outcomes of criminal cases)	30
School achievement data	30
Other	6

Q7 – To what extent has your coalition engaged in strategic planning for substance abuse prevention?

This question was to determine whether coalitions had an active strategic plan or were engaged in efforts to develop a strategic plan. Eighty-four percent of respondents (53) reported engaging in some sort of strategic planning effort. Of the 53 respondents who had participated in strategic planning efforts, less than half (38%) indicated that they currently have an active strategic plan in place. Sixteen percent of respondents reported never engaging in strategic planning. Of the 12 DFC grantee coalitions, nine have an active strategic plan and three are currently engaged in strategic planning, but have not yet completed their plan.

Table 9: Extent of strategic planning efforts engaged in by coalition respondents
N= 63

Strategic Plan Status	N	Percent
Previously or currently involved in strategic planning efforts; active strategic plan in place	20	32
Currently engaged in strategic planning efforts; strategic plan not yet in place	22	35
Previously engaged in strategic planning efforts; no strategic plan in place	11	18
Never engaged in strategic planning efforts	10	16

We analyzed whether coalitions that reported having an active strategic plan showed a higher level of capacity based on their responses to other survey questions than coalitions that reported having no strategic plan. Six capacity areas were identified: 1) level of coalition participation; 2) number of activities undertaken to change community capacity, norms and behaviors related to substance abuse prevention and program implementation; 3) number of data types used; 4) number of evaluation activities involved in; 5) number of environmental strategies employed; and 6) readiness to implement the seven SPF SIG steps. There was a statistically significant difference between the two groups on all six capacity

indicators. As expected, based on these indicators, coalitions with an active strategic plan showed higher capacity than those without a strategic plan.

Table 10: Respondents with an active strategic plan vs. those that do not have an active strategic plan by capacity indicators
N= 63

Capacity Indicator	% w/o a strategic plan (N=43)	% w/ a strategic plan (N=20)
High level of community sector coalition participation	58	90
Participated in five or more activities to change community capacity, norms and behaviors	44	100
Used six or more data types	65	85
Engaged in six or more evaluation activities	30	85
Implemented five or more environmental strategies	21	90
High level of readiness to implement the seven SPF SIG steps	37	90

Q8 – If an active plan is complete, does your strategic plan address or include the following?

This question was only asked of the 20 respondents who indicated that their coalition had an active strategic plan. Of these 20 respondents, 19 responded to at least one of the questions in this section. All 19 indicated that their strategic plan included appropriate prevention interventions to match target outcomes or casual factors, measurable objectives, and the role of stakeholders. Although a majority of coalitions (72%) included "identification of conditions outside the scope of the prevention intervention (i.e. poverty rates)" in their strategic plan, this was the area that the fewest coalitions (13) had incorporated into their plan.

Table 11: Does your coalition's strategic plan include:

	Percent "Yes"
Appropriate prevention interventions/strategies selected to match target outcomes or causal factors	100
Measurable objectives	100
Role of stakeholders	100
Current community resources/strengths	95
Identification of available data sources to measure objectives	95
Indicators on alcohol or drug use consequences	95
Indicators on alcohol or drug use consumption	95
Logic model	95
Sustainability	95
Underage drinking initiatives	95
Data collection plans	94
Cultural competence	90
Opportunity for adjustments based on initial outcomes	90

	Percent "Yes"
Data analysis plans	89
Data monitoring plans	88
Necessary infrastructure development	88
Data on factors causing, leading to, or promoting substance use	84
Barriers to implementation	75
Identification of conditions outside the scope of the prevention intervention/strategy (i.e., poverty rates, immigration trends, laws that might affect it)	72

Q9 – In what evaluation activities has your coalition been involved?

Respondents were asked to select all that apply from a list of 11 evaluation activities plus an "other" option where respondents were asked to specify their other evaluation activities. The activity that the most respondents (44) reported being involved in was collecting data. The activity that the fewest respondents (8) reported being involved in was protection of human subjects/IRB submissions. Thirty coalitions (47%) had done six or more evaluation activities and three coalitions (5%) had been involved in all eleven activities. Other evaluation activities reported included:
- "Had a professional walk the coalition through strategic planning/long range goals"
- "Used data collected by participants in our group"
- "Coalition improvement surveys"
- "Review secondary data collected in the community e.g. Youth risk survey"
- "State consolidated contract reporting deliverables"
- "Common instruments among community-based organizations"

Ten coalitions (16%) had not taken part in any evaluation activities.

Table 12: Participation in evaluation activities

Evaluation Activity	Percent "Yes"
Collecting data	69
Communication of evaluation findings to key stakeholders	59
Selection of evaluation instruments/surveys	56
Using logic models	55
Integrating program planning and evaluation	53
Data analysis	48
Entering data into database/spreadsheet	45
Writing an evaluation report	38
Continuous improvement process using evaluation data	36
Hiring an evaluator	34
Protection of Human Subjects/Institutional Review Board submissions	13
Other	9

Q10 – Has your coalition implemented preventive interventions/strategies targeting alcohol or drug use in the past year?

A total of 86% of respondents reported having implemented preventive interventions/strategies targeting alcohol or drug use in the past year. All coalitions that had an active strategic plan reported having implemented preventive interventions/strategies in the past year. Interestingly, 20% of coalitions that indicated they had implemented prevention programming in the past year reported they "did not know what this entails" or were "not ready" to participate in the implementation step of the SPF SIG process.

Table 13: Coalition implementation of preventive interventions/strategies in past year
N= 63

	Percent
Yes	86
No	13
Don't know	2

Q11 – Has your coalition ever implemented any of the following ENVIRONMENTAL preventive interventions/strategies?

This question addressed respondent's experiences implementing eight environmental prevention activities. Respondents were given the option to select "don't know". These responses were omitted from analysis. The most commonly implemented environmental strategy looked to affect community norms (76%). The least commonly implemented strategy was pricing. Only 15% of respondents reported implementing pricing strategies. Fifty-eight coalitions (90%) had experience implementing at least one environmental strategy and 51 coalitions (80%) had implemented two or more strategies. Twenty-seven coalitions (42%) had implemented five or more strategies, and three coalitions (5%) reported implementing all eight environmental strategies listed.

Table 14: Implemented environmental strategies

Environmental Strategy	Percent "Yes"
Community norms	76
Perceived risk	71
Enforcement of existing policies and laws	69
Social access	63
Retail access	62
Policy change	60
Advertising/promotion	55
Pricing	15

Table 15: Most and least common environmental strategies by region

Region	Least implemented	Most implemented
Northern	Pricing	Community norms
Northeastern	Pricing	Perceived risk
Southern	Pricing	Community norms and retail access
Southeastern	Pricing	Retail access
Western	Pricing	Enforcement of existing policies and laws and community norms

2.4   Barriers to Prevention Strategy Implementation

Q12 – What are the barriers to developing and implementing substance abuse prevention practices in your coalition?

Respondents were asked to select all that apply from a list of 13 barriers to developing and implementing substance abuse prevention practices. Respondents were also given the option of choosing "none" or "other". Respondents who chose "other" were asked to specify that barrier. Six respondents did not select any options and three (5%) chose "none". Sixty-seven percent of respondents indicated that funding and community denial and apathy regarding substance abuse issues were barriers to developing and implementing substance abuse prevention practices. Only 5 respondents (9%) identified qualifications of staff or a lack of a clear vision or focus as a barrier. Three coalitions reported that "substance abuse issues" or "AODA prevention" were not a focus of their coalitions. Other barriers included:

- "So many players in our county - lack of coordination - may change with new Co. Exec initiative"
- "Our coalition would benefit from having a paid staff person who could dedicate at least 10-20 hrs per week on prevention efforts."
- "Cultural acceptance of tobacco and alcohol"
- "Lack of time to devote to projects by coalitions members because of their own job constraints. So we cannot implement many activities"

Table 16: Barriers to developing and implementing substance abuse prevention practices
N= 58

Barrier	Percent "Yes"
Funding	67
Denial and apathy of community toward AODA problems	67
Lack of community awareness and understanding of the seriousness of AODA problems	60
Community opposition	43
Insufficient participation by key decision-makers who influence alcohol-related policies, regulations and laws	40
Lack of community member commitment	40
Lack of capacity to implement environmental strategies	33
Lack of participant interest	17
Cultural gaps	14
Lack of recent community level data sources	12
Other	12
Lack of knowledge about strategies to address coalition's indentified risk factors	10
Qualifications of staff	9
Lack of clear vision or focus	9
None	5

2.5   Coalition Readiness to Implement SPF SIG

Q13 – What is your coalition's readiness to implement each of the steps of the Strategic Prevention Framework (SPF)?

This question addressed the coalition's level of readiness to implement each of the five SPF SIG steps as well as the two overarching goals of the SPF, cultural competence and sustainability. Four respondents did not respond to any of these questions. Of the remaining sixty respondents, nine (15%) reported being "ready now" to implement all seven SPF steps, and seven (12%) did not know what any of the SPF steps entailed. While almost half of respondents reported being "ready now" to incorporate the assessment (47%) and planning (47%) steps, only 19% reported being "ready now" to incorporate the sustainability step. Of coalitions that had an active strategic plan that included sustainability, 65% reported being "somewhat ready" to do the sustainability step. A relatively consistent number of respondents did not know what each of the SPF SIG steps entail (13-17%).

Table 17: Readiness to implement the SPF steps

SPF Step	Do not know what this entails	Not Ready	Somewhat Ready	Ready Now
Capacity	15% (N=9)	12% (N=7)	37% (N=22)	37% (N=22)
Assessment	13% (N=8)	17% (N=10)	23% (N=14)	47% (N=28)
Planning	13% (N=8)	10% (N=6)	30% (N=18)	47% (N=28)
Implementation	13% (N=8)	17% (N=10)	27% (N=16)	43% (N=26)
Evaluation	13% (N=8)	23% (N=14)	30% (N=18)	33% (N=20)
Cultural Competence	17% (N=10)	20% (N=12)	35% (N=21)	28% (N=17)
Sustainability	14% (N=8)	27% (N=16)	41% (N=24)	19% (N=11)

Data were analyzed and grouped based on the level of reported readiness for each of the seven SPF SIG steps. For purposes of this analysis, responses were given a "high readiness" ranking if the average participation for all 7 steps was "somewhat ready" or "ready now". Of the overall sample, 57% were classified as having high levels of readiness and of the 20 coalitions that have an active strategic plan, 18 (90%) showed a high level of readiness. The survey sample included 12 Drug Free Community (DFC) Grantees who are already required to follow the SPF SIG process. All of these coalitions showed high readiness. Regionally, the Southeastern region reported the highest readiness (64%) and the Northeastern region reported the lowest (53%).

Table 18: Readiness to implement the SPF steps by coalition participation

Level of Readiness	Low Participation	High Participation
Low Readiness	74% (N=14)	29% (N=12)
High Readiness	26% (N=5)	71% (N=29)

Table 19: Readiness to implement the SPF steps by region

Region	Low Readiness	High Readiness
Southeastern	36% (N=4)	64% (N=7)
Northern	38% (N=3)	63% (N=5)
Western	46% (N=5)	55% (N=6)
Southern	46% (N=6)	54% (N=7)
Northeastern	47% (N=8)	53% (N=9)

Although all seven SPF SIG steps overlap each other, five steps (capacity building, assessment, planning, implementation and evaluation) are intended as a progression. The other two, cultural competency and sustainability, are addresses throughout each of the five steps. While capacity building and assessment are closely related, the intent is for coalitions to work on building coalition capacity and then conduct a needs assessment, followed by strategic planning, program implementation and finally evaluation.

Data were analyzed to determine if coalitions that reported being ready for the initial step (capacity building) were also ready to do the subsequent steps. Analysis showed:
- 44 coalitions were ready to do capacity building,
- 37 of those were ready to do assessment,
- 36 of those were ready to do strategic planning,
- 35 of those were ready to do implementation, and
- 33 of those (80%) were ready to do evaluation.

2.6   Need for Additional Resources/Trainings

Q14 – Based on your experience with the county/tribal government with which your coalition works:

This question addressed the coalition respondent's experience with the county/tribal government in their communities related to developing a prevention system and leveraging funds to enhance prevention activities. The majority of respondents (79%) perceived their county/tribal governments as doing "pretty well" or "very well" with developing a prevention system and with using available funds to enhance prevention activities (72%). Eleven respondents thought the county/tribal government had developed a prevention system "not well at all", and 13 thought their community county/tribal government had done "not well at all" in using available funds to enhance prevention activities.

Table 20: Respondents experience with county/tribal government

	Not Well at All	Pretty Well	Very Well
How well has the county/tribal government done developing a prevention system?	22%	51%	28%
How well is the county/tribal government using available funds to enhance prevention activities?	28%	34%	38%

Q15 – In order to assist with coalition operations and help achieve coalition goals, please indicate your level of need of the following additional resources.

This question gathered information on the need for additional resources, including training and technical assistance in 11 areas. For analysis, response categories were condensed to a four point, 0-3, scale with zero being "very unnecessary/unnecessary" and three being "very necessary". In most areas, the vast majority of respondents thought the eleven additional training areas would be "necessary" or "very necessary". Ninety-eight percent thought that statewide policy development, advocacy and education of policy makers were necessary or very necessary. Only 54% thought that public speaking assistance was necessary or very necessary. Nineteen percent of respondents believed that surveying/data collection assistance was unnecessary or very unnecessary.

In many areas there was a correlation between coalition's responses to previous survey items and their responses to these questions on training needs. For example, all coalitions that reported having no experience collecting or organizing data also reported that surveying/data collection resources were necessary or very necessary. Similarly, 88% of coalitions classified with low coalition participation saw coalition recruitment as necessary or very necessary. However, 52% of respondents who reported "insufficient participation by key decision makers" and 40% who reported "lack of participant interest" as barriers to implementing substance abuse practices reported that "leadership development" was very unnecessary/unnecessary or neither necessary nor unnecessary.

Table 21: Level of Need for Additional Resources - Frequencies

Resource	Very unnecessary/ Unnecessary (0)	Neither Necessary nor Unnecessary (1)	Necessary (2)	Very Necessary (3)
Statewide policy development, advocacy and education of policy makers	0% (N=0)	2% (N=1)	41% (N=23)	57% (N=32)
Statewide media campaign (message development, press releases, social marketing, etc.)	4% (N=2)	2% (N=1)	40% (N=21)	54% (N=28)
Fundraising	5% (N=3)	11% (N=6)	40% (N=23)	44% (N=25)
Statewide training and technical assistance for: alcohol/drug policy	2% (N=1)	9% (N=5)	53% (N=30)	37% (N=21)
Grassroots organizing	16% (N=9)	16% (N=9)	39% (N=22)	30% (N=17)
Using the media	12% (N=7)	23% (N=13)	37% (N=21)	28% (N=16)
Coalition recruitment	7% (N=4)	21% (N=12)	49% (N=28)	23% (N=13)
Surveying/ data collection	19% (N=11)	16% (N=9)	43% (N=25)	22% (N=13)
Issue campaign development	5% (N=3)	12% (N=7)	61% (N=35)	21% (N=12)
Coalition leadership development	14% (N=8)	21% (N=12)	50% (N=29)	16% (N=9)
Public speaking	14% (N=8)	32% (N=18)	42% (N=24)	12% (N=7)

Data were analyzed regionally. All regions reported either statewide policy development, advocacy & education of policy makers and/or statewide media campaigns as the most necessary resources. For most regions, the least necessary area was public speaking. Only the Western region responded that grassroots organization was the least necessary area.

Table 22: Regional Need for Additional Resources

Training Area	Mean					
	Northern (N=8)	Northeastern (N=15)	Southern (N=13)	Southeastern (N=11)	Western (N=11)	Overall (N=57)
Statewide policy development, advocacy and education of policy makers	2.6	2.6	2.6	2.5	2.5	2.6
Statewide media campaign (message development, press releases, social marketing, etc.)	2.5	2.4	2.6	1.9	2.9	2.4
Training on alcohol/drug policy	2.4	2.5	2.3	1.8	2.2	2.3
Fundraising	2.5	2.3	2.3	2.1	2.0	2.2
Issue campaign	2.3	2.2	1.9	1.6	2.0	2.0
Coalition recruitment	2.4	2.0	1.8	1.9	1.5	1.9
Grassroots organization	2.5	1.9	1.8	1.7	1.3	1.8
Using media	2.5	1.9	1.7	1.6	1.6	1.8
Surveying/data collection	2.3	1.7	1.2	1.6	2.0	1.7
Leadership development	2.1	1.8	1.3	1.6	1.5	1.7
Public speaking	2.1	1.7	1.2	1.3	1.5	1.5

Table 23: Regional Needs Priorities

Region	Least Necessary	Most Necessary
Northern	Leadership development & Public speaking	Statewide policy development
Northeastern	Surveying/data collection & Public speaking	Statewide policy development
Southern	Surveying/data collection & Public speaking	Statewide policy development & Statewide media campaign
Southeastern	Public speaking	Statewide policy development
Western	Grassroots organization	Statewide media campaign

3. Summary and Recommendations

3.1 Summary

The Statewide Coalition Capacity Assessment collected data on:
- Respondent information,
- Six Capacity Indicators, including:
  - Coalition participation;
  - Coalition activities;
  - Use of data;
  - Evaluation activities;
  - Experience with environmental strategies; and
  - Readiness to implement the Strategic Prevention Framework State Incentive Grant (SPF SIG) steps,
- Barriers to program implementation; and
- Additional resources/training needs.

Of the 137 coalition members who received the Statewide Coalition Capacity Assessment Survey, 64 coalition members from all five regions of the state responded, for a response rate of 47%. Regional response rates ranged from 41% - 54% of eligible respondents. Seventy-six percent of the sample reported having a target population of greater than 10,000 people, and 17% had a target population of 5,000 or less. Twelve Drug Free Community (DFC) grantees completed the survey.

Most regions reported high coalition participation from all 14 community sectors, which include school personnel, youth serving organizations, health care professionals, government agency representatives and law enforcement personnel. In the Southeastern region however, less than half of respondents reported high levels of community participation. Community sectors that showed the lowest participation and recruitment in all regions were emergency medical response personnel and judicial personnel. In addition to these two sectors, the Southeastern region reported lower participation and recruitment from youth and religious organizations.

Over half of respondent coalitions had participated in at least one of seven different activities aimed at changing community norms around substance abuse prevention. Some of these activities included, collecting and organizing data, conducting needs assessments and planning and/or implementing prevention interventions/strategies. An additional activity, setting substance abuse policy, was conducted by less than half of respondents. Only two coalitions had not conducted any of the listed activities. As expected, the number of activities conducted by coalitions that did not have a strategic plan was significantly lower than those that had an active strategic plan. All of the coalitions with an active strategic plan had participated in five or more activities compared to only 44% of those without an active strategic plan.

The most common evaluation activity coalitions participated in was data collection. Coalition data collection efforts focused on the use of student survey data. Less than half of respondent coalitions had used school achievement or Department of Justice data. Respondents had less experience with data analysis, entering data, writing evaluation reports, or using data as part of a continuing improvement process. Most coalitions had experience implementing at least one environmental strategy such as social access, retail access or policy change. The least commonly implemented environmental strategy was pricing strategies.

All 12 of the DFC grantees and 18 of the 20 coalitions with a strategic plan reported high levels of readiness to follow the SPF SIG steps. Compared to coalitions with low readiness to perform the SPF SIG steps, coalitions with high levels of readiness showed higher overall coalition capacity based on the other five capacity indicators. Sustainability was the area that the most coalitions either did not know about or were not ready to implement.

Coalitions reported that the largest barriers to developing and implementing substance abuse prevention practices for their coalitions were funding, denial and apathy of the community toward AODA problems and the lack of community awareness and understanding of the seriousness of AODA problems. Over half of respondent coalitions believed that these areas were barriers. Less than 10% of respondents believed that qualifications of staff or a lack of clear vision or focus were barriers for their coalitions. Coalitions reiterated these beliefs when asked what additional resources would be helpful. The areas that were identified as being the most necessary were: 1) statewide policy development, advocacy and education of policy makers; 2) statewide media campaign (message development, press releases, social marketing, etc.); 3) fundraising; and 4) statewide training and technical assistance for alcohol/drug policy.

3.2   Recommendations for Capacity Training and TA

In order to accommodate the large population difference between the five regions of the State, it is recommended that future trainings be provided on a regional basis.

Although many regions did not view coalition recruitment as very necessary, training on the benefits of including emergency medical staff and judicial personnel as coalition members as well as strategies for member recruitment from these sectors would help coalitions round out their membership. Further recruitment training should focus on increasing the regular participation level from community sectors that are currently reported as participating only occasionally such as, youth, media, religious organizations, or the business community. Coalitions can, for example, hold evening meetings where members who are not participating as part of their jobs, can more easily attend. Coalition recruitment training could include presentations from coalition members who represent these different community sectors.

Training on setting policy and policy development at all levels would greatly increase coalition capacity in Wisconsin. It is clear that coalitions with a strategic plan in place have participated in more activities to change community norms, capacity and behaviors then have coalitions that do not have a strategic plan in place. However, 30% of these coalitions had not participated in setting substance abuse policy. A possible training format for coalitions that have not yet developed a strategic plan could include testimonials on lessons learned and activities undertaken as a result of the strategic planning process, as well as best practices for setting substance abuse policy at the local level.
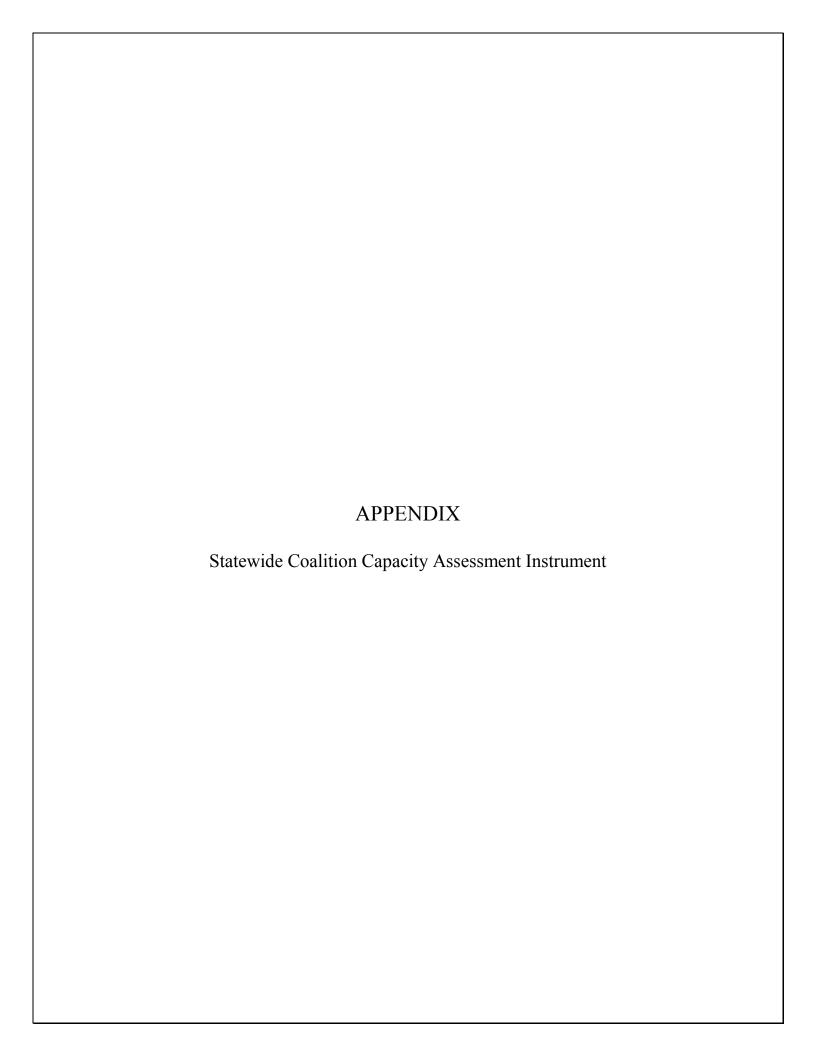
Data collection training should focus on areas that will assist coalitions increase their capacity with the use of school achievement and Department of Justice data, as well as further improving their ability to use all forms of data. Emphasis on techniques for accessing different forms of data and education on how data can assist coalitions to better understand the AODA problems in their communities would increase the usefulness of existing data sources for all coalitions. Training on evaluation activities will be critical for improving coalition capacity. Education on how evaluation data can be incorporated into a continuous improvement process and communication of those findings to key stakeholders will be particularly important for coalition capacity development.

Additional environmental strategy training should focus on increasing capacity to implement environmental strategies as well as education on how these strategies are evaluated. Pricing strategies in particular are not commonly used by Wisconsin coalitions. Most alcohol policy in Wisconsin is set at the

local level. However, taxes on alcohol sales are set at the state level. As 98% of respondent coalitions have indicated, statewide policy development, advocacy and education of policy makers is necessary for capacity building. A possible area for statewide policy change would be to focus on pricing strategies such as taxation. At the local level, training and education should focus on those strategies that can be controlled locally, such as restrictions on "all you can drink" promotions or happy hour specials.

Since a majority of coalitions were not "ready now" to perform any of the SPF SIG steps, training in all steps will be vital to building coalition capacity. While sustainability is not a step in and of itself, but rather a focus throughout the SPF SIG process, it is important to incorporate sustainability efforts into all aspects of coalition capacity training so that coalitions can maintain their progress and continue to build on their experiences.

The fact that most coalitions saw community denial, apathy and the lack of understanding of AODA problems as a barrier to coalition implementation of substance abuse practices indicates that there is a need for further training in strategies aimed at changing community norms and raising awareness. Coalitions showed further need for assistance in this area by indicating that additional resources would be necessary. Increasing the coalition's ability to communicate data findings to the community and key stakeholders will increase their ability to change community norms. A statewide media campaign and tools for working with the media would increase their capacity to handle the awareness problems they face in their communities.

APPENDIX

Statewide Coalition Capacity Assessment Instrument

CAPACITY SURVEY OF COALITIONS
February 2009

This survey of coalitions was developed to determine the statewide capacity to develop and implement evidence-based environmental prevention programs. The University of Wisconsin Population Health Institute (UWPHI) is conducting the survey for the Department of Health Services (DHS). Data will be aggregated, analyzed and reported to DHS by UWPHI. Individual coalition responses will remain confidential. Data will be used to measure the State's existing infrastructure, develop training events, and build overall statewide capacity in substance abuse prevention. Please respond to each of the questions as they relate to your coalition. We estimate it will take approximately 15 minutes to complete this survey. If you have any questions, please contact Christy Niemuth at cniemuth@wisc.edu.

1. What is the name of your Coalition?

2. Which County/Tribe does your coalition serve?

3. What is the approximate size of your coalition's target population?

☐ 0 - 1,000 ☐ 10,001 - 50,000
☐ 1,001 - 5000 ☐ 50,001 - 100,000
☐ 5,001 - 10,000 ☐ Greater than 100,000

4. Note which of the following community sectors the members of your local coalition represent by marking their individual level of participation.

	Not Invited to Participate	Invited, but Does Not Participate	Participates Occasionally	Participates Regularly
Youth	☐	☐	☐	☐
Parents	☐	☐	☐	☐
Business community	☐	☐	☐	☐
Media	☐	☐	☐	☐
Schools	☐	☐	☐	☐
Youth-serving organizations	☐	☐	☐	☐
Religious or fraternal organizations	☐	☐	☐	☐
Law enforcement	☐	☐	☐	☐
Civic and volunteer groups	☐	☐	☐	☐
Healthcare professionals, including mental health and substance abuse	☐	☐	☐	☐
Emergency medical response personnel, such as EMTs and emergency room staff	☐	☐	☐	☐

	Not Invited to Participate	Invited, but Does Not Participate	Participates Occasionally	Participates Regularly
State, local and/or tribal government agencies	☐	☐	☐	☐
Judicial personnel, such as D.A.'s and judges	☐	☐	☐	☐
Other agencies involved in reducing substance abuse	☐	☐	☐	☐

5. Does your community coalition conduct the following activities in order to change community capacity, knowledge, norms and behaviors related to substance abuse prevention and program implementation?

	No	Yes	Don't Know
Collect and organize data	☐	☐	☐
Conduct needs assessments	☐	☐	☐
Train community members in substance abuse prevention	☐	☐	☐
Plan and/or implement prevention interventions/strategies	☐	☐	☐
Ensure prevention interventions/strategies address issues related to cultural competence	☐	☐	☐
Plan and/or implement process or outcome evaluations of prevention interventions/ strategies	☐	☐	☐
Set substance abuse policy at the organizational, local, state, or tribal level	☐	☐	☐
Educate others about needed changes in substance abuse policy at the organizational, local, or state/tribe/jurisdiction level	☐	☐	☐

6. Indicate the types of data your coalition has used. (Select all that apply.)

☐ Student survey data
☐ School achievement data
☐ Community surveys
☐ Public health statistics (i.e., mortality rates due to drug overdose)
☐ Census data
☐ Interviews and/or focus groups
☐ Public meetings or forums
☐ Law enforcement data (i.e., drug arrests or drug trafficking)
☐ Department of Justice data (i.e., outcomes of criminal cases)
☐ Public safety data (i.e., number of automobile accidents caused by drinking and driving)
☐ Social norms data

☐   Other, please specify

7. To what extent has your coalition engaged in strategic planning for substance abuse prevention?

☐   Never engaged in strategic planning efforts
☐   Previously engaged in strategic planning efforts; no strategic plan in place
☐   Currently engaged in strategic planning efforts; strategic plan not yet completed
☐   Previously or currently engaged in strategic planning efforts; active strategic plan complete

8. If an active plan is complete, does your strategic plan address or include:

	No	Yes	Don't Know
Indicators on alcohol or drug use consumption	☐	☐	☐
Indicators on alcohol or drug use consequences	☐	☐	☐
Data on factors causing, leading to, or promoting substance use	☐	☐	☐
Underage drinking initiatives	☐	☐	☐
Cultural competence	☐	☐	☐
Current community resources/strengths	☐	☐	☐
Identification of conditions outside the scope of the prevention intervention/strategy (e.g., poverty rates, immigration trends, laws) that might affect it	☐	☐	☐
Logic model	☐	☐	☐
Necessary infrastructure development	☐	☐	☐
Role of stakeholders	☐	☐	☐
Appropriate prevention interventions/strategies selected to match target outcomes or causal factors	☐	☐	☐
Barriers to implementation	☐	☐	☐
Measurable objectives	☐	☐	☐
Identification of available data sources to measure objectives	☐	☐	☐
Data collection plans	☐	☐	☐
Data monitoring plans	☐	☐	☐
Data analysis plans	☐	☐	☐
Sustainability	☐	☐	☐
Opportunity for adjustments based on initial outcomes	☐	☐	☐

9. In what evaluation activities has your coalition been involved? (Select all that apply.)

☐ Integrating program planning and evaluation
☐ Hiring an evaluator
☐ Designing an evaluation
☐ Using logic models
☐ Selection of evaluation instruments/surveys
☐ Collecting data
☐ Entering data into database/spreadsheet
☐ Data analysis
☐ Writing an evaluation report
☐ Communication of evaluation findings to key stakeholders
☐ Continuous improvement process using evaluation data
☐ Protection of Human Subjects/Institutional Review Board submissions
☐ Other, please specify:

10. Has your coalition implemented preventive interventions/strategies strategies targeting alcohol or drug use in the past year?

☐ No
☐ Yes
☐ Don't know

11. Has your coalition ever implemented any of the following *environmental* preventive interventions/strategies?

	No	Yes	Don't Know
Policy change	☐	☐	☐
Enforcement of existing policies and laws	☐	☐	☐
Community norms	☐	☐	☐
Retail Access	☐	☐	☐
Social Access	☐	☐	☐
Pricing	☐	☐	☐
Advertising/Promotion	☐	☐	☐
Perceived Risk	☐	☐	☐

12. What are the barriers to developing and implementing substance abuse prevention practices in your community? (Select all that apply.)

☐ None
☐ Funding
☐ Qualifications of staff
☐ Community opposition
☐ Lack of community awareness and understanding of the seriousness of AODA problems

- ☐ Denial and apathy of community toward AODA problem
- ☐ Lack of community member commitment
- ☐ Lack of participant interest
- ☐ Cultural gaps
- ☐ Insufficient participation by key decision-makers who influence alcohol-related policies, regulations, and laws
- ☐ Lack of clear vision or focus
- ☐ Lack of knowledge about strategies to address coalition's identified risk factors
- ☐ Lack of capacity to implement environmental strategies
- ☐ Lack of recent community level data sources
- ☐ Other, please specify:

13. What is your coalition's readiness to implement each of the steps of the Strategic Prevention Framework (SPF)?

	Do Not Know what this Entails	Not Ready	Somewhat Ready	Ready Now
Capacity	☐	☐	☐	☐
Assessment	☐	☐	☐	☐
Planning	☐	☐	☐	☐
Implementation	☐	☐	☐	☐
Evaluation	☐	☐	☐	☐
Cultural Competence	☐	☐	☐	☐
Sustainability	☐	☐	☐	☐

14. Based on your experience with the county/tribal government with which your coalition works:

	Not Well at All	Pretty Well	Very Well	Don't Know
How well has the county/tribal government done developing a prevention system?	☐	☐	☐	☐
How well is the county/tribal government using available funds to enhance prevention activities?	☐	☐	☐	☐

15. In order to assist with coalition operations and help achieve coalition goals, please indicate your level of need of the following additional resources:

	Very unnecessary	Unnecessary	Neither necessary nor unnecessary	Necessary	Very necessary
Statewide policy development, advocacy, and education of policy makers	☐	☐	☐	☐	☐
Statewide media campaign (message development, press releases, social marketing, etc.)	☐	☐	☐	☐	☐
Statewide training and technical assistance for alcohol/drug policy	☐	☐	☐	☐	☐
Grassroots organizing (general)	☐	☐	☐	☐	☐
Coalition recruitment	☐	☐	☐	☐	☐
Coalition leadership development	☐	☐	☐	☐	☐
Using the media	☐	☐	☐	☐	☐
Fundraising	☐	☐	☐	☐	☐
Issue campaign development	☐	☐	☐	☐	☐
Public speaking	☐	☐	☐	☐	☐
Surveying/Data collection	☐	☐	☐	☐	☐

THANK YOU FOR YOUR INPUT!